

# Email Address Form

**Instructions:** This form is to notify FPPA of your new e-mail address. Please fill out, sign and mail this form to the FPPA address listed above. E-mail addresses will not be sold or used for any purpose other than communication from FPPA.

## Member Information

Active

Retiree

Member's Last Name

First Name

Middle Initial

X X X . X X \_ \_ \_ \_

Social Security Number - Last Four Digits Only

Name of Employer - if an active member

## New E-mail Address

## Previous E-mail Address - if applicable

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_  
Current E-mail Address

Does the email address (left) replace a previously provided email?  Yes  No

If Yes, please provide your previous email address so we may remove it from our records.

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_  
Previous E-mail Address

## Specify Your Mailing Preference

**Required Communications** from FPPA such as legislative notifications, the *PensionCheck* newsletter, and other important plan information that are deemed necessary and required communications to members.

I prefer to receive **Required Communications** from FPPA by (check ONLY ONE box):

Email (the default option if we already have an email for you)  Postal Mail

(Certain Required Communications may be required to be sent by Postal Mail)

**Optional Communications** from FPPA include Seminar Invitations, etc.

I request to receive **Optional Communications** from FPPA by (check ONLY ONE box):

Email (the default option if we already have an email for you)

Opt-out of all Optional Communications all together

You may also specify your mailing preference at any time by logging on to your profile in the Member Account Portal (MAP).

## PHONE Information - optional

Home Phone

Cell Phone

Fax

## SIGNATURE REQUIRED

X \_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed